FOR POST OFFICE USE ONLY	POSTMASTER	DATE BOX OPENED	DATE BOX CLOSED	BOX NO.
		6-3-63	9-26-63	30061

APPLICANT PLEASE NOTE: Completion of this application signifies your willingness to comply with all postal rules relative to the renting and use of Post Office boxes.

NAME OF APPLICANT (Print or type)

L. H. Oswald

NAME OF FIRM OR CORPORATION (If box is rented for use of either)

Box closed 9-26-63 PO

KIND OF BUSINESS

BUSINESS ADDRESS (No., street, and zone)

HOME ADDRESS (No., street, and zone)

657 French St. New Orleans

SIGNATURE OF APPLICANT

X L H Oswald

DATE OF APPLICATION

June 3 '63

D-22

CE 818